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25920 7590 03/07/2005

MARTINE PENILLA & GENCARELLA, LLP
710 LAKEWAY DRIVE
SUITE 200
SUNNYVALE, CA 94085

06/10/2005 MBERHE1 00000040 10028195

01 FC:1501 1400.00 OP
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Lauren Leschauer	(Depositor's name)
	
(Signature)	
June 6, 2005	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/028,195	12/19/2001	James W. Todd II	SUNMP027	2742

TITLE OF INVENTION: METHODS AND SYSTEMS FOR FACILITATING MESSAGE EXCHANGE BETWEEN NETWORKED COMPUTING ENTITIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LIM, KRISNA	2153	709-227000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>Martine Penilla &</u> 2. <u>Gencarella, LLP</u> 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sun Microsystems, Inc.

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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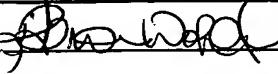
A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0805 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

(SUNMP027)

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Authorized Signature 

Date June 6, 2005

Typed or printed name Rick von Wohld

Registration No. 48,018

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